

Work Order ID 108748

\*108748\*

Page 1

@October-29-13 9:55:58 AM

Item ID: 649.5312

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Breakaway Tip

Start Date: 11/05/13 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 11/05/13 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Run Start \*NR1\*

Approvals: Process Plan: MLS Date: 13-10-31 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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649.5300	C
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100

0.00

\*100\*

BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

Cut Blank at 8.700"

110

0.00

\*110\*

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine per folio FB220

DWG REV: C

FOLIO REV: AA

2- deburr and break all sharp edges

DK  
13-12-10

12 0

B. 13/12/11

12 0

DAS  
08  
2-89

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**Work Order ID 108748**

October-29-13 9:55:58 AM

**\*108748\***

Page 2

Item ID: 649.5312

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Breakaway Tip

Start Date: 11/05/13 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 11/05/13 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

QC

Memo

0.00

Quality Control

D.A. 13/12/11

12

DAS  
08  
9-89

130

QC8- Inspect parts - second check

0.00

**\*130\***

QC

Memo

0.00

Quality Control

13-12-15

12

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

**\*140\***

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O to ATG : 22580

1- Black Anodize as per Dwg 649.5300

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Conformity is required

CL 14/01/10 12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

# Work Order ID 108748

\*108748\*

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October-29-13 9:55:58 AM

Item ID: 649.5312

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Breakaway Tip

Start Date: 11/05/13 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 11/05/13 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Run Start \*NR1\*

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*150*</b>									
Packaging	Memo	0.00							
Packaging									
155	QC5- Inspect part completeness to step on W/O	0.00							
<b>*155*</b>									
QC	Memo	0.00							
Quality Control									
180	Identify as per dwg & Stock Location: <i>composite</i>	0.00							
<b>*180*</b>									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

*12/1/13* (12)

*12* *05* *14.02.06*

*12* *14.02.07*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Other
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge		
<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset				
<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration				
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence				
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions				

**Work Order ID 108748****\*108748\***

Page 4

October-29-13 9:55:58 AM

Item ID: 649.5312

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Breakaway Tip

Start Date: 11/05/13 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 11/05/13 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

**\*190\***

QC

Memo

0.00

Quality Control

*14-02-7*

*14-02-07*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other



# Picklist Print

October-29-13 9:55:57 AM

Page 1

Work Order ID: 108748

Parent Item: 649.5312

Parent Item Name: Breakaway Tip

Start Date: 11/05/13

Required Date: 11/05/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV: A NEW ISSUE JFS 13/10/21 VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B2.000X00.750 7075-T6 BAR 2.000' X 0.750"		Purchased	No			100	f	16.0000	0.725	9.1578948			
											DIP		
						<u>Loc Qty</u>	<u>Loc Code</u>	13-12-10					
						MAT008	16						
						123555	16	8ft.					

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

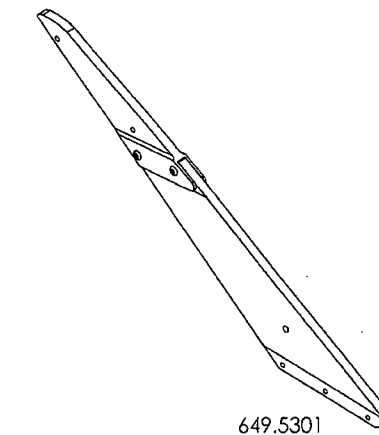
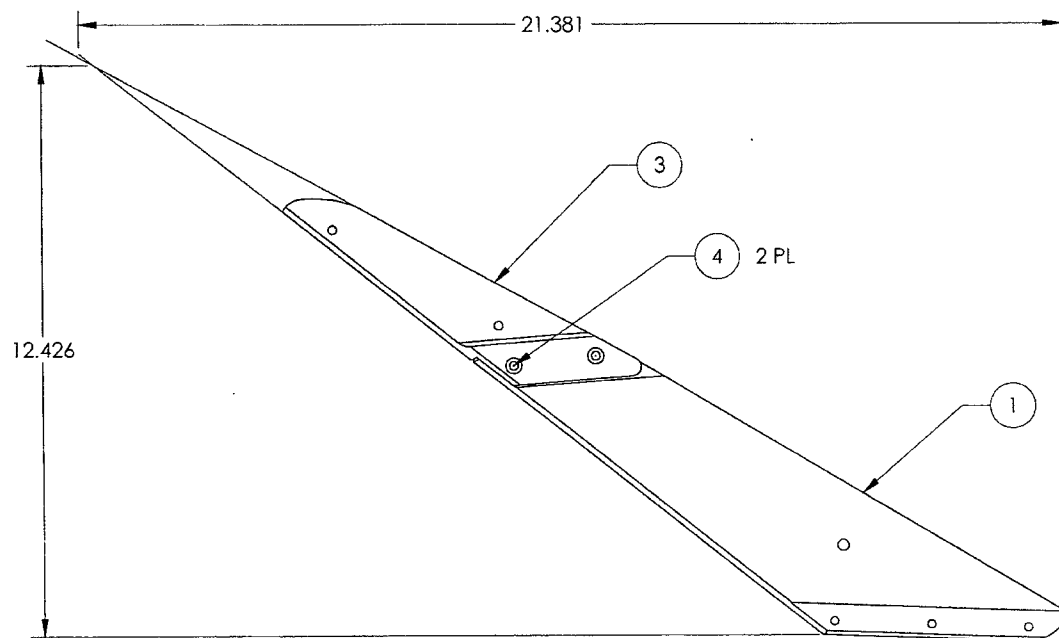
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
---	---	---	---

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 04057					SHEET 1 OF 1	
	DWG NO. 649.5300		REV: B	PREPARED BY D. PETERS	DATE: 08/13/13	EFFECT ON DWG <input checked="" type="checkbox"/> INC. <input type="checkbox"/> UNINC.	
	DWG TITLE: DEFLECTORS						
	APPROVED BY:	ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: MARKED INSPECTION DIMENSIONS				ECR: NONE	
<div>108748 MLC 13-10-31</div>							
DOCUMENTS EFFECTED: <input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUCTIONS <input type="checkbox"/> ICA <input type="checkbox"/> BOM				CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR		DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	



THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

- 1 MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- 2 FINISH: HARD ANODIZE IAQ MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;  
PRE TREAT PRC-DESOTO PR-148 ADHESION PROMOTER;  
PRIMER IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120
- 5 APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 & 3 UPON ASSY



REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED
	LAST PROTOTYPE REVISION: PRI		N/A
N/C	INITIAL RELEASE	12/06/11	P. BRAVO
A	INCORPORATED ECN 03413 03421 AND 03485	04/16/12	P. BRAVO
B	INCORPORATED ECN 03523	05/23/12	P. BRAVO
C	INCORPORATED ECN 04057	08/13/13	P. BRAVO

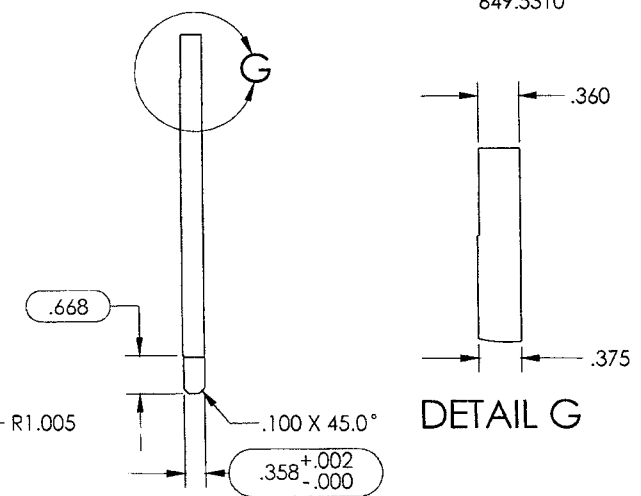
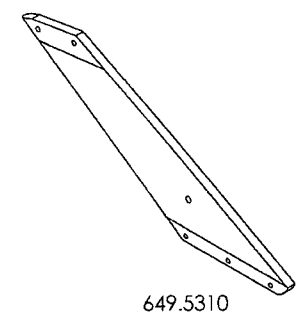
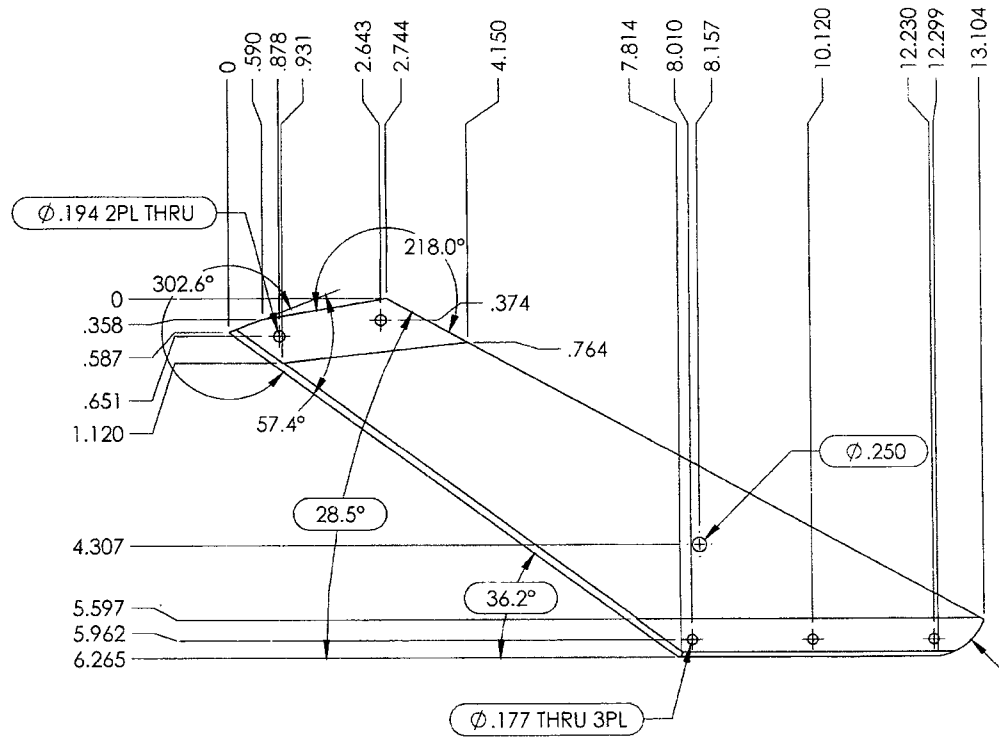
A/R	5	601.2045	RIV, LOCTITE 598		3
2	4	601.3074	RIVET	MS20470AD6-12	
1	3	649.5312	BREAKAWAY TIP		2
	2	649.5311	UPPER DEFLECTOR		2
1	1	649.5310	LOWER DEFLECTOR		2
		649.5301	LOWER DEFLECTOR ASSY		
5301	FIND #	PART #	DESCRIPTION	MAT'L	SPEC.
QTY			PARTS LIST		
NEXT ASSY (S)			APICAL INDUSTRIES		
649.4900			2608 TEMPLE HEIGHTS DR.		
			OCEANSIDE, CA. 92056-3512 (760) 724-5300		
			DEFLECTORS		
			UNLESS OTHERWISE SPECIFIED		
			DIMENSIONS ARE IN INCHES		
			TOLERANCES ARE:		
			2 PLACE DECIMALS ±.03		
			3 PLACE DECIMALS ±.01		
			ANGLES ±.5°		
			SCALE NONE		
			SHEET 1 OF 4		



108748

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A  
B  
C  
D



DETAIL G

ORIGINAL DATE: 12-06-11		APICAL INDUSTRIES	
DRAWN BY: J. GUM		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: P. BRAY		OCEANSIDE, CA 92056-3512 (760) 724-5300	
DRAWING APPROVAL: 12-06-11		DEFLECTORS	
CONTRACT NO:			
REV	DATE	DWG. NO.	REV
B	07/01/16	649.5300	C
SCALE: NONE		SHEET 2 OF 4	

UNLESS OTHERWISE SPECIFIED  
DIMENSIONS ARE IN INCHES  
TOLERANCES ARE:  
2 PLACE DECIMALS  $\pm .05$   
3 PLACE DECIMALS  $\pm .010$   
ANGLES  $\pm .5^\circ$

108748

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.13 X 45° 2PL

# SECTION C-C

Ø.177 THRU 3 PL

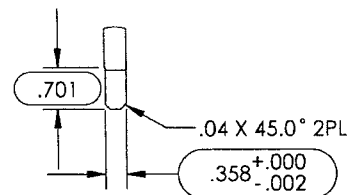
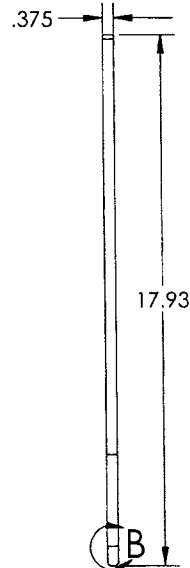
.30 X 23.0°

R1.100

2.109±.002

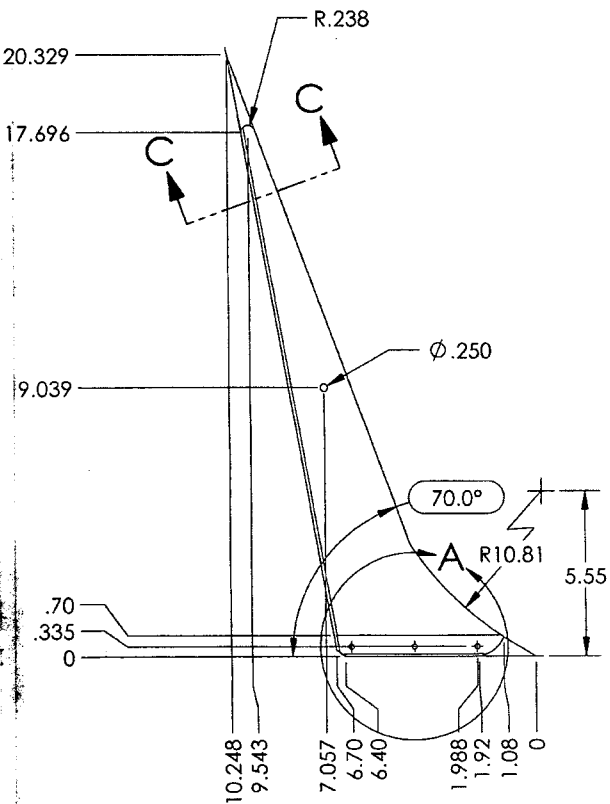
4.219±.002

## DETAIL A



## DETAIL B

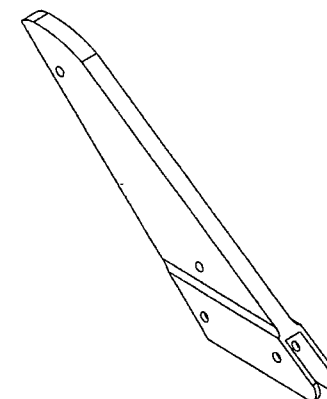
649.5311



ORIGINAL DATE (MM-DD-YY) 12-06-11		APICAL INDUSTRIES	
DRAWN BY A. CHAM	CHECKED P. BRAVO	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING APPROVAL P. BRAVO 12/06/11		DEFLECTORS	
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.03 3 PLACE DECIMALS ±.010 ANGLES ±.5°		REV. B 07M26	C
SCALE NONE		DWG. NO. 649.5300	SHEET 3 OF 4



108748



ORIGINAL DATE (MSG DIA SP) 12-06-11 DRAWN BY: C. CRICKE A. QUINN P. BRANC DRAWING APPROVAL P. BRAYD (P001) CONFIRMED:		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92055-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES (SEE DIMENSIONS A-D) P. 1: 2" X 1/2" X 1/2" X 1/2" P. 2: 1" X 1/2" X 1/2" X 1/2" P. 3: 1" X 1/2" X 1/2" X 1/2" P. 4: 1" X 1/2" X 1/2" X 1/2" P. 5: 1" X 1/2" X 1/2" X 1/2" P. 6: 1" X 1/2" X 1/2" X 1/2" P. 7: 1" X 1/2" X 1/2" X 1/2" P. 8: 1" X 1/2" X 1/2" X 1/2" P. 9: 1" X 1/2" X 1/2" X 1/2" P. 10: 1" X 1/2" X 1/2" X 1/2" P. 11: 1" X 1/2" X 1/2" X 1/2" P. 12: 1" X 1/2" X 1/2" X 1/2" P. 13: 1" X 1/2" X 1/2" X 1/2" P. 14: 1" X 1/2" X 1/2" X 1/2" P. 15: 1" X 1/2" X 1/2" X 1/2" P. 16: 1" X 1/2" X 1/2" X 1/2" P. 17: 1" X 1/2" X 1/2" X 1/2" P. 18: 1" X 1/2" X 1/2" X 1/2" P. 19: 1" X 1/2" X 1/2" X 1/2" P. 20: 1" X 1/2" X 1/2" X 1/2" P. 21: 1" X 1/2" X 1/2" X 1/2" P. 22: 1" X 1/2" X 1/2" X 1/2" P. 23: 1" X 1/2" X 1/2" X 1/2" P. 24: 1" X 1/2" X 1/2" X 1/2" P. 25: 1" X 1/2" X 1/2" X 1/2" P. 26: 1" X 1/2" X 1/2" X 1/2" P. 27: 1" X 1/2" X 1/2" X 1/2" P. 28: 1" X 1/2" X 1/2" X 1/2" P. 29: 1" X 1/2" X 1/2" X 1/2" P. 30: 1" X 1/2" X 1/2" X 1/2" P. 31: 1" X 1/2" X 1/2" X 1/2" P. 32: 1" X 1/2" X 1/2" X 1/2" P. 33: 1" X 1/2" X 1/2" X 1/2" P. 34: 1" X 1/2" X 1/2" X 1/2" P. 35: 1" X 1/2" X 1/2" X 1/2" P. 36: 1" X 1/2" X 1/2" X 1/2" P. 37: 1" X 1/2" X 1/2" X 1/2" P. 38: 1" X 1/2" X 1/2" X 1/2" P. 39: 1" X 1/2" X 1/2" X 1/2" P. 40: 1" X 1/2" X 1/2" X 1/2" P. 41: 1" X 1/2" X 1/2" X 1/2" P. 42: 1" X 1/2" X 1/2" X 1/2" P. 43: 1" X 1/2" X 1/2" X 1/2" P. 44: 1" X 1/2" X 1/2" X 1/2" P. 45: 1" X 1/2" X 1/2" X 1/2" P. 46: 1" X 1/2" X 1/2" X 1/2" P. 47: 1" X 1/2" X 1/2" X 1/2" P. 48: 1" X 1/2" X 1/2" X 1/2" P. 49: 1" X 1/2" X 1/2" X 1/2" P. 50: 1" X 1/2" X 1/2" X 1/2" P. 51: 1" X 1/2" X 1/2" X 1/2" P. 52: 1" X 1/2" X 1/2" X 1/2" P. 53: 1" X 1/2" X 1/2" X 1/2" P. 54: 1" X 1/2" X 1/2" X 1/2" P. 55: 1" X 1/2" X 1/2" X 1/2" P. 56: 1" X 1/2" X 1/2" X 1/2" P. 57: 1" X 1/2" X 1/2" X 1/2" P. 58: 1" X 1/2" X 1/2" X 1/2" P. 59: 1" X 1/2" X 1/2" X 1/2" P. 60: 1" X 1/2" X 1/2" X 1/2" P. 61: 1" X 1/2" X 1/2" X 1/2" P. 62: 1" X 1/2" X 1/2" X 1/2" P. 63: 1" X 1/2" X 1/2" X 1/2" P. 64: 1" X 1/2" X 1/2" X 1/2" P. 65: 1" X 1/2" X 1/2" X 1/2" P. 66: 1" X 1/2" X 1/2" X 1/2" P. 67: 1" X 1/2" X 1/2" X 1/2" P. 68: 1" X 1/2" X 1/2" X 1/2" P. 69: 1" X 1/2" X 1/2" X 1/2" P. 70: 1" X 1/2" X 1/2" X 1/2" P. 71: 1" X 1/2" X 1/2" X 1/2" P. 72: 1" X 1/2" X 1/2" X 1/2" P. 73: 1" X 1/2" X 1/2" X 1/2" P. 74: 1" X 1/2" X 1/2" X 1/2" P. 75: 1" X 1/2" X 1/2" X 1/2" P. 76: 1" X 1/2" X 1/2" X 1/2" P. 77: 1" X 1/2" X 1/2" X 1/2" P. 78: 1" X 1/2" X 1/2" X 1/2" P. 79: 1" X 1/2" X 1/2" X 1/2" P. 80: 1" X 1/2" X 1/2" X 1/2" P. 81: 1" X 1/2" X 1/2" X 1/2" P. 82: 1" X 1/2" X 1/2" X 1/2" P. 83: 1" X 1/2" X 1/2" X 1/2" P. 84: 1" X 1/2" X 1/2" X 1/2" P. 85: 1" X 1/2" X 1/2" X 1/2" P. 86: 1" X 1/2" X 1/2" X 1/2" P. 87: 1" X 1/2" X 1/2" X 1/2" P. 88: 1" X 1/2" X 1/2" X 1/2" P. 89: 1" X 1/2" X 1/2" X 1/2" P. 90: 1" X 1/2" X 1/2" X 1/2" P. 91: 1" X 1/2" X 1/2" X 1/2" P. 92: 1" X 1/2" X 1/2" X 1/2" P. 93: 1" X 1/2" X 1/2" X 1/2" P. 94: 1" X 1/2" X 1/2" X 1/2" P. 95: 1" X 1/2" X 1/2" X 1/2" P. 96: 1" X 1/2" X 1/2" X 1/2" P. 97: 1" X 1/2" X 1/2" X 1/2" P. 98: 1" X 1/2" X 1/2" X 1/2" P. 99: 1" X 1/2" X 1/2" X 1/2" P. 100: 1" X 1/2" X 1/2" X 1/2" P. 101: 1" X 1/2" X 1/2" X 1/2" P. 102: 1" X 1/2" X 1/2" X 1/2" P. 103: 1" X 1/2" X 1/2" X 1/2" P. 104: 1" X 1/2" X 1/2" X 1/2" P. 105: 1" X 1/2" X 1/2" X 1/2" P. 106: 1" X 1/2" X 1/2" X 1/2" P. 107: 1" X 1/2" X 1/2" X 1/2" P. 108: 1" X 1/2" X 1/2" X 1/2" P. 109: 1" X 1/2" X 1/2" X 1/2" P. 110: 1" X 1/2" X 1/2" X 1/2" P. 111: 1" X 1/2" X 1/2" X 1/2" P. 112: 1" X 1/2" X 1/2" X 1/2" P. 113: 1" X 1/2" X 1/2" X 1/2" P. 114: 1" X 1/2" X 1/2" X 1/2" P. 115: 1" X 1/2" X 1/2" X 1/2" P. 116: 1" X 1/2" X 1/2" X 1/2" P. 117: 1" X 1/2" X 1/2" X 1/2" P. 118: 1" X 1/2" X 1/2" X 1/2" P. 119: 1" X 1/2" X 1/2" X 1/2" P. 120: 1" X 1/2" X 1/2" X 1/2" P. 121: 1" X 1/2" X 1/2" X 1/2" P. 122: 1" X 1/2" X 1/2" X 1/2" P. 123: 1" X 1/2" X 1/2" X 1/2" P. 124: 1" X 1/2" X 1/2" X 1/2" P. 125: 1" X 1/2" X			

## FIRST ARTICLE INSPECTION CHECKLIST



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62865

Date: 30-Jan-14

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To


DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity		Description	
1 lot	Part: ASST	Rev:	
	8 PCS D2224 (2.00) RED ANODIZE MIL-A-8625 TYPE II CLASS 2		
	20 PCS 646.3110 (10.65) 9 PCS 646.3210 (14.35) 12 PCS 646.3310 (18.10) 12 PCS 646.9712 (14.50) 10 PCS 647.0310 (11.10) 10 PCS 647.9314 (11.05) 3 PCS 647.9316 (10.00) 15 PCS 647.9610 (16.05) 20 PCS 647.9612 (16.05) 12 PCS 649.5312 (10.15)		
	HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2		
	PRIME MIL-P-23377J TYPE I CLASS N		
	PRICE IS PER PIECE Job: 20140079	PO: 22580	Line:
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 30/1/14			
CERTIFIED SIGNATURE: 			
RECEIVER SIGNATURE: _____			



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

**Purchase Order ID PO22580**

**Purchase Order Date** 1/10/2014

**PO Print Date** 1/30/2014

**Page Number** 7 of 7

**Order From :**

VC-ATG001

**Ship To :** DART AEROSPACE LTD

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone**

613-446-4544

**Ship To Contact**

**Ship To Phone**

**Ship Via:**

VENDOR'S TRUCK

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

18	108748	649.5312 BREAKAWAY TIP	1/24/2014	12.00	\$10.15	\$121.80
			Yes 1/31/2014			
		SAME AS ABOVE				

**Line Total:** \$121.80

**PO Total:** \$1,869.40

**Note:** Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.  
No substitution or deviation without consent.  
Certificate of Conformity or Material Certification required - YES NO  
PST# 6122-5207

**Change Nbr:** 4

**Change Date:** 1/30/2014